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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Maricopa</u>		BUREAU OF VITAL STATISTICS	State Index No. <u>132</u>
District of <u>Miami</u>		ORIGINAL CERTIFICATE OF BIRTH	County Registrar No. <u>432</u>
Town of <u>Miami</u>			Local Registrar No. <u></u>
or		No. <u>Reynolds' Canon</u> St.	Ward <u></u>
City of <u></u>	(If birth occurred in a hospital or institution, give its NAME instead of street and number)		
2. Full name of child <u>Doris Branch</u>		If child is not yet named, make supplemental report, as directed.	
3. Sex of Child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other <u>3</u>	5. Legitimate? <u>yes</u>
6. Date of birth <u>July 2-1923</u>			
7. Month <u>July</u>	Day <u>2</u>	Year <u>1923</u>	
8. FATHER		14. MOTHER	
Full name <u>Wallace Branch</u>		Full maiden name <u>Beatrice Platt</u>	
9. Residence (Usual place of abode) <u>Miami-Ariz.</u>		15. Residence (Usual place of abode) <u>Miami-Ariz.</u>	
If nonresident, give place and state		If nonresident, give place and state	
16. Color or race <u>White</u>		17. Color or race <u>White</u>	
11. Age at last birthday <u>36</u> (Years)		12. Age at last birthday <u>33</u> (Years)	
12. Birthplace (city or place) <u>Safford</u>		13. Birthplace (city or place) <u>St. George</u>	
(State or country) <u>Ariz.</u>		(State or country) <u>Utah</u>	
13. Occupation <u>Motorman</u>		14. Occupation <u>Housewife</u>	
Nature of industry		Nature of industry	
20. Number of children of this mother	(a) Born alive and now living <u>3</u>	21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>	
(Taken as of time of birth of child herein certified and including this child.)	(b) Born alive but now dead <u>0</u>		
	(c) Stillborn <u>0</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>4 A.</u> m. on the date above stated.			
(Born alive or stillborn.)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.		Signature <u>C. M. Cron M.D.</u>	
		(Physician or midwife)	
Address <u>Miami-Arizona</u>			
Given name added from supplemental report <u>Month, day, year.</u>		Filed <u>July 31</u> , 19 <u>23</u> <u>C. E. Davis</u>	
		Filed <u>Aug 3</u> , 19 <u>23</u> <u>A. J. Sica</u>	
Registrar.		Local Registrar.	
		County Registrar.	

729-702-113